PTO/SB/21 (modified) (04-04

Approved for use through 04/30/2003. OMB 0651-0031
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Application Number 10/042,886 Filing Date 1/7/2002 **TRANSMITTAL** First Named Inventor Van Jacobson **FORM** Art Unit 2136 (to be used for all correspondence after initial filing) **Examiner Name** Alomari, Firas B Attorney Docket Number 1293 Total Number of Pages in This Submission

		ENC	CLOSURES (Check all that ap)	ply)					
Fee Tra	ansmittal Form		Assignment Papers (for an Application)			nce Communication gy Center (TC)			
	Fee Attached		Drawing(s)			ommunication to Board s and Interferences			
Amendment / Reply			Licensing-related Papers			ommunication to TC lotice, Brief, Reply Brief)			
After Final			Petition Petition to Convert to a		Proprietar	y Information			
	Affadavits/declaration(s)		Provisional Application Power of Attorney, Revocation		Status Let				
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	SIGNA	TURE	OF APPLICANT, ATTORNEY,	OR AGE	NT				
Fim or Charles E. Gotlieb									
Individual name									
Signature Charles E. Total									
Date June 24, 2005									
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EE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

(\$) 0 TOTAL AMOUNT OF PAYMENT

0	Complete if Known					
Application Number	10/042,886					
Filing Date	1/7/2002					
First Named Inventor	Van Jacobson					
Examiner Name	Alomari, Firas B					
Art Unit	2136					
Attorney Docket No.	1293					

METHOD OF PAYMENT (check all that apply)				FI	EE CALCULATION (continued)	
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	• • • •			L FEE	S	
Deposit Account:				I Entity		
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Account Number 07-1738	1051	130	2051	65	Surcharge-late filing fee or oath	ree Faid
Deposit Account Charles E. Gotlieb	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812	2520	1812	2520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application	1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1840	1805	1840	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	120	2251	60	Extension for reply within first month	
FEE CALCULATION	1252	450	2252	225	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	1020	2253	510	Extension for reply within third month	
Fee Fee Fee Fee Pescription Fee Paid	1254	1590	2254	795	Extension for reply within fourth month	
Code (\$) Code (\$)	1255	2160	2255	1080	Extension for reply within fifth month	50.1
1001 1000 2001 500 Utility filing/search/exam	1401	500	2401	250	Notice of Appeal	<u> </u>
1002 350 2002 175 Design filing/search/exam	1402	500	2402	250	Filing a brief in support of an appeal	\$ 7
1003 550 2003 275 Plant filing/search/exam	1403	1000	2403	500	Request for oral hearing	followi
1004 790 2004 395 Reissue filing/search/exam	1451	1510	1451	1510	Petition to institute a public use proceeding	
1005 200 2005 100 Provisional filing fee	1452	500	2452	250	Petition to revive - unavoidable	£ 2
SUBTOTAL (1) (\$)	1453	1500	2453	750	Petition to revive - unintentional	9
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1400	2501	700	Utility issue fee (or reissue)	<u> </u>
Fee from Extra Claims below Fee Paid	1502	800	2502	400	Design issue fee	30
Total Claims 24 - 24 ** = X = =	1503	1100	2503	550	Plant issue fee	
Independent 3 - 3" = X = X	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	2 2
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	5
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 50 2202 25 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1204 88 2204 44 **Reissue independent claims	1801	790	2801	395	Request for Continued Examination (RCE)	
over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expediated examination of a design application	
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**or number previously paid, if greater; For Reissues, see above	-Kedi	ncea pi	y Basic	Filing Fe	ee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY					(Complete (if applicable))		
Name (Print/Type)	Charles E. Gotlieb	\int	Registration No. (Attorney/Agent)	38,164	Telephone	650-328-0100	
Signature	Charles E. MOUN				Date	6/24/2005	

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